

Montana WIC Program Multi-user Electric Breast Pump

Loan/Release Form

I, _____ request a multi-user electric breast pump from WIC so that I can provide breast milk to my infant.

I have been taught: (please initial)

_____ how to assemble, use and clean Medela Lactina pump that I have been provided.

_____ how to pump using appropriate pumping techniques.

_____ how to safely collect and store my breast milk.

_____ to call the WIC clinic at _____

if I have any questions.

Clinic Name

Phone

I understand that: (please initial)

_____ I am currently participating in WIC and will continue my participation by keeping my WIC appointments. If I stop participating in or am terminated from WIC, this agreement will be canceled, and I must return the pump to the clinic.

_____ It is my responsibility to inform the WIC clinic of any change of address or phone number.

_____ It is my responsibility to protect the pump from theft or loss. I will handle the pump with care. I will lock the pump in my car when traveling, either in the trunk or out of sight and I will keep the pump in a safe area at home.

_____ This breast pump is for my use only. I will not loan this breast pump to anyone.

_____ The _____ WIC Program, its employees, and the Montana Department of Public Health & Human Services are NOT responsible for any personal damage caused by the use of this breast pump or WIC staff instruction. I am the only one responsible.

_____ If the pump breaks or malfunctions, I must return the pump to the WIC clinic for replacement or repair.

_____ This breast pump is the property of the Montana WIC Program and as State property, I must return it to the WIC clinic by the due date of _____ or it will be reported as stolen.

Signature of WIC Participant

Date

WIC Staff Signature/Title

Date

The following teaching was provided before this pump was released (staff initials):

_____ Hand expression (taught or video watched)

_____ Assembly/use/cleaning was demonstrated to client

_____ Client return demonstrated assembly/use/cleaning

_____ Collection and storage of breast milk was discussed and/or written information given

_____ Use of this pump, by client, was observed (optional)

Clinic: _____ Date pump issued: _____ Date Pump Due: _____

Client ID _____ Breast Pump # _____

Original to participant file, Copy to participant.